



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**ONLINE
REGISTRATION NOW
AVAILABLE!**

Visit www.MCYMCA.com/OnlineRegistration for more info

LEARN TO DRIBBLE ONE BOUNCE AT A TIME

Sprouts & Giants Basketball Fundamentals @ MONTGOMERY COUNTY FAMILY YMCA

Sprouts & Giants Basketball is for children in preschool (at least 4 years of age) & kindergarten. Participants are introduced to the basic fundamentals of basketball. Program lasts 4 weeks with each session lasting 25 minutes.

- PARENTS ARE REQUIRED TO ATTEND
- Limited enrollment for this program

WHEN: Wednesdays, Jan 24th - Feb 14th
TIME: Preschool- 5:30 - 5:55 PM
Kindergarten - 6 - 6:25 PM
REGISTER: Members - Jan 2nd - 19th
Potential Members - Jan 8th - 19th
COST: Family Member - FREE
Youth Member - \$20
Potential Member - \$40



MONTGOMERY COUNTY FAMILY YMCA
101 E. Cherry St, Red Oak, IA 51566
P 712-623-2161 F 712-623-4920 www.mcyymca.com



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

SPROUTS & GIANTS BASKETBALL REGISTRATION (Jan - Feb 2018)

Or register ONLINE @ www.MCYMCA.com/OnlineRegistration

Participant name: _____ Gender: _____ Birthdate: __/__/____
 School: _____ Grade: _____

*Please fill in any new information below:

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1 name: _____ Home phone: _____ Cell phone: _____

Parent/Guardian 2 name: _____ Home phone: _____ Cell phone: _____

Email Address: _____

I will volunteer coach/assist (circle one). Name: _____ Contact # _____

Cost: FREE – Family Membership \$20.00 – Youth Membership \$40.00 – Potential Member

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **YMCA's Preschool-Kindergarten Basketball Program** does/do hereby consent to the child's participation in the activity.

The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.

THE UNDERSIGNED provide the following alternate emergency contact information to obtain consent to treat the child in the event of injury or illness during participation:

Name	Address	Telephone No.

If the alternate emergency contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

Parent/Guardian Signature	Print Name	Date

Program Sponsors: Houghton State Bank, Parker Hannifin and Red Oak Chrysler-Dodge-Jeep